

OAHU COMMITTEES-  
SUBMIT 1 ORIGINAL AND 1 COPY  
  
NEIGHBOR ISLAND COMMITTEES-  
SUBMIT 1 ORIGINAL AND 2 COPIES

**STATE OF HAWAII**  
**CAMPAIGN SPENDING COMMISSION**  
**DISCLOSURE REPORT**  
**NONCANDIDATE COMMITTEE**

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR NONCANDIDATE COMMITTEES.")

**SECTION I-NONCANDIDATE COMMITTEE:**

(a) Committee Name:

(b) Mailing Address:

(c) Phone (Bus)

(Res)

Treasurer's

**SECTION II-TYPE OF REPORT:**

(See the Schedule of Reporting Dates to complete this section)

☐ Preliminary Primary

☐ Amended

☐ Final Primary

☐ Short Form

☐ Preliminary General

☐ Final Election Period

☐ Supplemental

**REPORTING PERIOD**

through

**SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS**

(Complete Section III (Part 2) on the Second Half of this Form Before Completing This Section)

**COLUMN A**

**TOTAL THIS PERIOD**

**COLUMN B  
ELECTION PERIOD  
TOTAL TO DATE**

1. Cash on Hand at the Beginning of the Election Period (Continuing Committee) OR at the time the Organizational Report was Filed (New Committee).....		
2. Cash on Hand at the Beginning of this Reporting Period.....		
3. Total Receipts (From Line 11, Column A and B).....		
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....		
5. Total Disbursements (From Line 14, Column A and B).....		
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4 for Columns A and B).....		

**SECTION III (Part 2)-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

(If Necessary, Complete Schedules A through D Before Completing This Section)

**RECEIPTS**

7. Monetary Contributions of \$100 or Less.....		
8. Non-Monetary Contributions of \$100 or Less.....		
9. Aggregate Monetary and Non-Monetary Contributions of More Than \$100 (Schedule A, Line 2 for Column A).....		
10. Other Receipts (Schedule D, Line 2 for Column A).....		
11. Total Receipts (Add Lines 7 through 10 for Columns A and B).....		

**DISBURSEMENTS**

12. Contributions To Candidates (Schedule B, Line 2 for Column A).....		
13. Expenditures (Schedule C, Line 2 for Column A).....		
14. Total Disbursements (Add Lines 12 and 13 for Columns A and B).....		

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Committee Chairperson Signature

Date

Treasurer Signature

Date  
Form NC-3 (Rev. 11/97)

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE A  
MONETARY AND NON-MONETARY CONTRIBUTIONS  
NONCANDIDATE COMMITTEE**

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schedule C).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

NONCANDIDATE COMMITTEE NAME: \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE).....
2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....


**STATE OF HAWAII**  
**CAMPAIGN SPENDING COMMISSION**  
**SCHEDULE B**  
**CONTRIBUTIONS TO CANDIDATES**  
**NONCANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

NONCANDIDATE COMMITTEE NAME: \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE).....  \_\_\_\_\_
2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT,  
SECTION III (PART 2), LINE 12, COLUMN A)..... \_\_\_\_\_

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION  
SCHEDULE C  
EXPENDITURES  
NONCANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

NONCANDIDATE COMMITTEE NAME:

PAGE \_\_\_\_\_ OF \_\_\_\_\_

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF PAID EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (THIS PAGE).....
2. TOTAL OF EXPENDITURES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 13, COLUMN A).....


**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION  
SCHEDULE D  
OTHER RECEIPTS  
NONCANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

NONCANDIDATE COMMITTEE NAME: \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE

1. SUBTOTAL OF OTHER RECEIPTS THIS PERIOD (THIS PAGE).....  \_\_\_\_\_
2. TOTAL OF OTHER RECEIPTS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 10, COLUMN A)..... \_\_\_\_\_

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**LATE CONTRIBUTIONS REPORT  
NONCANDIDATE COMMITTEE**

The Late Contributions Report is to be used to report all contributions aggregating more than \$500 that are made or received within the period of fifteen calendar days through four calendar days prior to a primary, special primary, general, or special general election. The report is required to be filed no later than 4:30 p.m., three calendar days prior to the election.

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

NONCANDIDATE COMMITTEE NAME:

**CONTRIBUTIONS RECEIVED**

DATE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION	AGGREGATE CONTRIBUTION
	PURPOSE TO WHICH THE CONTRIBUTION WILL BE APPLIED	OCCUPATION		

1

[illegible]

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**STATEMENT OF INFORMATION FOR  
ELECTIONEERING COMMUNICATIONS**

Electioneering communications means any paid advertising broadcast from a television or radio broadcast station, or published in any periodical or newspaper, or sent by mail at a bulk rate, which refers to a clearly identifiable candidate and is made, or scheduled to be made, either within thirty days prior to a primary or initial special election or within sixty days prior to a general or special election. The report is required to be filed within twenty-four hours of making disbursements of more than \$2,000, in the aggregate, for electioneering communications, and the date of any subsequent disbursements by that person for electioneering communications.

**SECTION I-COMMITTEE OR ORGANIZATION INFORMATION**

(e) Custodian of Books and Accounts:

(a) Name:

(f) Elections to which the electioneering communications pertain:

(b) Address:

☐ Primary/1st Special Election ☐ General/2nd Special Election

(g) Names of candidates identified or to be identified (List all candidates):

(c) State of Incorporation and Principal Place of Business:

(d) Controlling entity, if any:

(h) Coordinated with candidate? ☐ Yes ☐ No

**SECTION II-CONTRIBUTIONS RECEIVED FOR THE ELECTIONEERING COMMUNICATIONS**

Full Name, Street Address, City, State and Zipcode of Donor					
1		4		7	
2		5		8	
3		6		9	

**SECTION III-DISBURSEMENTS MADE FOR THE ELECTIONEERING COMMUNICATIONS**

Full Name, Street Address, City, State and Zipcode of Vendor					
1		Amount	5		Amount
2		Amount	6		Amount
3		Amount	7		Amount
4		Amount	8		Amount

*(Provide attachment for additional contributions and disbursements)*

Form CSCEC-1 (7/99)



**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**REQUEST FOR REGISTRATION TERMINATION**

I (We) \_\_\_\_\_, hereby notify the  
Print Name of Candidate, Noncandidate Committee or State and County Contractor

Campaign Spending Commission ("Commission") of (my) (our) desire to terminate registration with the Commission for the following reasons:

1. (I) (We) will no longer be receiving any contributions or making any expenditures reportable to the Commission under law;
2. The balance of (my) (our) campaign fund is zero. (No Surplus);
3. There are no unpaid expenditures to be paid. (No Deficit);
4. There are no outstanding loans from others to be paid by the Candidate Committee. (No Deficit);
5. There are personal outstanding loans owed to myself (candidate) and I do not wish to be reimbursed by the Candidate Committee. The outstanding loans by myself (candidate) should be considered as a non-reimbursable contribution to my Candidate Committee.

I hereby certify that the information on this report is true, correct and complete statements to the best of my knowledge.

\_\_\_\_\_  
Signature of Candidate, Committee Chairperson of Noncandidate Committee or  
State and County Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
FOR OFFICE USE ONLY

\_\_\_\_\_  
Reviewed and Approved By

\_\_\_\_\_  
Date